



FFW

PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

14

Application Number

10/821,796

Filing Date

April 9, 2004

First Named Inventor

Kocon, Christopher Boguslaw

Art Unit

2815

Examiner Name

E. J. Wojciechowicz

Attorney Docket Number

018865-011710US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply (13pp) | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
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| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Barmak Sani

Date

August 1, 2005

Reg. No.

45,068

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Date

August 1, 2005



PATENT

Attorney Docket No.: 018865-011710US

Client Ref. No.: 17732.66990.001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Christopher Boguslaw Kocon

Application No.: 10/821,796

Filed: April 9, 2004

For: SCHOTTKY DIODE USING
CHARGE BALANCE STRUCTURE

Customer No.: 20350

Confirmation No. 9334

Examiner: E. J. Wojciechowicz

Technology Center/Art Unit: 2815

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

August 1, 2005

Sir:

In response to the Office Action mailed June 1, 2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.